## UNITED STATES BANKRUPTCY COURT **DISTRICT OF MINNESOTA**

In re: Frost, Nicholas and Emily Case No.

## STATEMENT UNDER PENALTY OF PERJURY RE: PAYMENT ADVICE DUE PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)

		<b>r 1</b> has attached to this statement copies of all payment advices or other evidence of payment received 60 days before the date of the petition from any employer.
Х		<b>r 1</b> has not filed copies of payment advices or other evidence of payment received within 60 days before the filing of the petition from any employer because:
		Debtor 1 was not employed during the 60 days preceding the filing of the petition;
		Debtor 1 was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:
	х	Debtor 1 was self-employed during the 60 days preceding the filing of the petition;
		Debtor 1 received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
		Other (please explain):
I decla and be		r penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information
Signatu	ire of de	ebtor 1 Date
Min's	And	Thursday, September 24, 2020
		*****************
х		<b>r 2</b> has attached to this statement copies of all payment advices or other evidence of payment received 60 days before the date of the petition from any employer.
		<b>r 2</b> has not filed copies of payment advices or other evidence of payment received within 60 days before the the filing of the petition from any employer because:
		Debtor 2 was not employed during the 60 days preceding the filing of the petition;
		Debtor 2 was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:
		Debtor 2 was self-employed during the 60 days preceding the filing of the petition;
		Debtor 2 received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
		Other (please explain):
l declar and be		penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information
Signatu	ıre of de	ebtor 2 Date

Thursday, September 24, 2020

Department 3033500			Pay Perio 09/01/202	OGHODAM.	Page 2	of 5	Paycheck Issue 09/11/2020	Date	
Federal W4 t Status Single	nformation Allowances 0	Addl Percent	Addi Amount	State W4 Info State MN	rmation Resident Y	t Status Single	Allowances 0	Addi Percent	Addi Amoun
Gross to Net		Fadaral O		24 0	Madiana	·····	Total Towns To	tol Doductions	Not Pay
Current	<u>Total Gross</u> 2,623.20	Federal G	4.15	2,001.54	,-	01.54	436.39	tal Deductions 924.26	Net Pay 1,262.55 22,055.49
YTD	40,513.15	30,91	7.87	35,144.47	35,1	44.47	8,218.41	10,239.25	22,055.49
= -	= Taxable Busin	•	· ·	-	_				
Pates of pay Description	are established	l pursuant to st	atute, collective Prior Period <u>Begin Date</u>	bargaining agi Prior Per End Date	iod	r compense <u>Hours</u>	ation plan <u>Rate</u>	Amount	YTD Amount
Vacation Lea			Degin Duce	LIN DAN	<del>'</del>	80.00	32.790000	2,623.20	6,007.76
	led Leave Baland							0.00	31,094.40
•	ental Leave Bal#							0.00	7,677.60
Achievement								0.00	1,000.00
Fam Med Lv								0.00	262.32
Fam Med Lv								0.00	9,469.04 2,047.36
Fam Med Lve	e Sick id Parental Leav	•						0.00 0.00	3,902.80
Holiday Pay	io Parentai Leav	B						0.00	1.023.68
	dging - Instate*							0.00	11.00
	Lodging)-Outstate	e						0.00	58.39
	I Leave Taken	_						0.00	3,934.80
Regular Pay								0.00	21,817.18
Sick Leave						<del></del>		0.00	447.86
Total:					· · · · · · · · · · · · · · · · · · ·	80.00	-	2,623.20	40,513.15
Taxes							<del></del>		
Description		Reside	nt	]	axable Gro	288	Amount		YTD Amoun
Fed OASDI/E	E		_ <del>_</del>		2,001	.54	124.10		2,178.96
Fed MED/EE					2,001		29.02		509.59
Fed Withhold					1,744		189.64		3,819.12
MN Withhold  Total:	ng	ΥΥ		<u>.                                    </u>	1,744	.15	93.63 <b>436.39</b>	<del></del>	1,710.74 <b>8,218.41</b>
				- <u></u>				<u> </u>	
Before-Tax D				Deductions				lenefits (* = Taxable	
Description	Amo			on i	<u>Amount</u>	YTD Amt	<u>Description</u>	Amoun	
Medical Insura		•		Additional			Fed OASDI/ER Fed Med/ER	124.10 29.02	•
Dental Insural MSRS - Defei		5.70 427.2	1 50		0.46	7.36	Medical Insurance		
Compensation		.00 1,600.0		n Disability	6.75	108.00	Dental Insurance	33.57	•
Medical/Denta			O Short Ten		17.00	272.00	Administrative Fe		
Expense Acco		3.59 508.5	9 Minn Assr	Prof	17.00	2/2.00	Basic Life	5.30	84.
Dependent Ca	are		Employee		21.00	315.00	Medical/Dental Ex		
<b>Expense Acco</b>		.63 2,265.6	1 Medical/D				Account	3.30	33.0
MSRS Gnri			Expense A	Account	0.00	281.25	Dependent Care	3.30	33.0
Employee Rtn		00 0 100 0	. 1				Expense Account MSRS Gnr'i Empl		, JJ.
Plan	157	'.39 <b>2,426.</b> 6	v				Rtmt Plan	oyee 163.95	2,527.
Hith Care Svn Plan - EE		5.23 396.7	3				MSRS - Deferred Compensation		·
	87	9.05 9,536.8	9 Total:		45.21	983.61	Total:	1,278.25	
Total:									
			nhar	Account T	vbe		Financial Institut	ion	Amou
Net Pay Distr		Paychack Num							1,262.5
	<u>e</u>	Paycheck Num	inci.	Checking			296076	301	.,
Net Pay Distr Payment Typ Direct Depos	<u>e</u>	Paycheck Num		Checking			296076		
Net Pay Distr Payment Typ Direct Depos Total:	<u>e</u>			Checking					1,262.5
Net Pay Distr Payment Typ Direct Depos Total:	it	Addr	ess Line 1 Long Lake Roa	Ade	iress Line			State E	

epartment 6033500			Pay Period (Edd) Dat 08/18/2020	t Page 3	3 01 5	Paycheck Iss 08/28/2020	ue Date	
Federal W4 Informa	Alon		01-4-101	4 Information				
		Percent Ac	Idi Amount State W	4 Information <u>Reside</u> Y	nt <u>Status</u> Single	<u>Allowanc</u>	es Addl Percent 0	Addi Amo
Gross to Net Inform								
	<b>al Gross</b> 2,623.20	Federal Gross 2,193.37		Medicare	<b>Gross</b> 450.76	Total Taxes 600.12	Total Deductions 475.04	<u>Net Pay</u> 1,548.04
	7,889.95	29,173.72	•	_,	142.93	7,782.02	9,314.99	20,792.94
Earnings (* = Taxab	le Business E	xpenses / Rele	ocation; # = Non-Paid	d)			_ ·, ·	
		uant to statut P	e, collective bargaining rior Period Prio	· ·	or compens <u>Hours</u>	ation plan <u>Rate</u>	Amount	YTD Amou
Paid Parental Leave	Taken		edim wire Pile	Date	8.00	32.790000	262.32	3,934.80
Vacation Leave	<b></b>				72.00	32.790000	2,360.88	3,384.56
Adj Family Med Leav Adi Paid Parental Le							0.00 0.00	31,094.40 7,677.60
Achievement Award	ave Dai#						0.00	1,000.00
Fam Med Lve Holida	ıv						0.00	262.32
Fam Med Lve No Pa	•						0.00	9,469.04
Fam Med Lve Sick							0.00	2,047.36
Fam Med Paid Pare	ntal Leave						0.00	3,902.80
Holiday Pay	Instato#						0.00 0.00	1,023.68 11.00
Meals NO Lodging - Meals (With Lodging							0.00	58.39
Regular Pay	) Coloidio						0.00 0.00	21,817.18 447.86
Sick Leave					80.00		2,623.20	37,889.95
Taxes <u>Description</u>		Resident		Taxable G	088	Amou		YTD Amou
Fed OASDI/EE				2,45		151.9		2,054.8
Fed MED/EE				2,45		35.5		480.5 3,629.4
Fed Withholdng MN Withholdng		Υ		2,19 2,19		288.4 124.1		1,617.1
Fotal:				2,10	0.07	600.		7,782.0
			After Too Deduction			Empleyer Bel	d Bonofito (t - Toyo	,blo)
Before-Tax Deduction  Description	ons <u>Amount</u>	YTD Amt	After-Tax Deduction		\CTD A	Description	Benefits (* = Taxa Amo	
Medical Insurance	119.51	1,792.65	<u>Description</u>	Amount	YTD Amt	Fed OASDI/EF		1.95 2.054
Dental Insurance	26.70	400.50	Employee Additional Life	0.46	6.90	Fed Med/ER	3	5.53 480
MSRS - Deferred			Long Term Disability		101.25	Medical Insura		0.79 13,661
Compensation	100.00	1,500.00	Short Term			Dental Insuran		3.57 503 4.92 73
MSRS Gnr'i			Disability	17.00	255.00	Administrative Basic Life		4.92
Employee Rtmt Plan	157.39	2,269.21	Minn Assn Prof	04.00	00400	MSRS Gnril Er		J.00 70
lith Care Svng	151.151	د,دنۍ.د ا	Employees Medical/Dental	21.00	294.00	Rtmt Plan	16	3.95 2,363
Plan - EE	26.23	370.50	Expense Account	0.00	281.25	Medical/Denta		
Medical/Dental		ļ	Experies resource	0.00		Account		0.00 29
Expense Account	0.00	450.00				Dependent Ca Expense Accor		0.00 29
Dependent Care Expense Account	0.00	1,874.98				MSRS - Deferr		J.JU 25
		1,07 4.30			- <del></del>	Compensation		0.00 200
Total:	429.83	8,657.84	Total:	45.21	938.40	Total:	1,30	6.01 19,477
Net Pay Distribution		to a to bloom beau				Einenelei leeti	t the	Amo
Payment Type Direct Deposit	Payc	heck Number	Acco Chec	unt Type king		Financial Insti	00019	<b>Amo</b> 1,548.
Fotal:								1,548.
America Combined India	armation							
Agency Contact Info		Δddraee	Line 1	Addrona I I	o Cit	v	State	Poetal Code
Agency Contact Info Agency Lottery		Address 2645 Lon	<u>Line 1</u> g Lake Road	Address Line		<u>y</u> seville	<u>State</u> MN	Postal Code 55113-2433

Department G033500				Pay Period 08/04/2020	<b>CHIOGG</b> T	Page 4	4 of 5	Paycheck Iss 08/14/2020	ue Date		
Federal W4 In Status Single	formation <u>Allowances</u> 0	Addi Pen	cent Ad	idi Amount	State W4 II State MN	nformation <u>Reside</u> Y	nt <u>Status</u> Single	Allowance	es Addi Percent 0	Ad	idi Amoun
Gross to Net I		<b>5</b> -1-				BA add a second		T.A.1 (F	Tatal Badustiana		Alex Dev
Current YTD	<u>Total Gross</u> 2,623.20 35.266.75		ral <b>Gross</b> 2,193.37 26,980.35		<b>A Gross</b> 2,450.76 0,692.17		<u>Gross</u> 450.76 692.17	Total Taxes 600.12 7,181.90	Total Deductions 475.04 8,839.95		Net Pay 1,548.04 9,244.90
								7,101.00	0,000.00		
	Taxable Busine are established	•		•	- ·	eareement a	or compane	ation plan			
<u>Description</u>	are established	puisuait	P	rior Period egin Date	Prior F End D	Period	Hours	Rate	Amount	ΥŢ	D Amoun
Paid Parental			=	SHILL PAIS	min e		80.00	32.790000	2,623.20		3,672.48
	d Leave Balanc	e#							0.00		1,094.40
	ntal Leave Bal#								0.00		7,677.60
Achievement /									0.00 0.00		1,000.00 262.32
Fam Med Lve Fam Med Lve									0.00		9,469.04
Fam Med Lve									0.00		2.047.36
	d Parental Leave	<b>a</b>							0.00		3,902.80
Holiday Pay	ar archiar Loave	•							0.00		1,023.68
Meals NO Lod	lging - Instate*								0.00		11.00
	odging)-Outstate	9							0.00		58.39
Regular Pay									0.00	2	1,817.18
Sick Leave									0.00		447.86 1,023.68
Vacation Leav	<u>'e</u>								0.00		
Total:							80.00		2,623.20		5,266.75
Taxes											
Description		Re	esident			Taxable G	ross	Amou	nt .	YI	D Amour
Fed OASDI/E	Ε						0.76	151.9			1,902.91
Fed MED/EE							0.76	35.5			445.04
Fed Withholdn		.,					3.37	288.4	· =		3,341.02 1,492.93
MN Withholdn	<u>g</u>	ΥΥ				2,18	3.37	124.1 600.			7,181.90
Total:											
Before-Tax De	eductions			After-Tax	Deductions				Benefits (* = Tax	able)	
Description	Amo		D Amt	Description	<u>n</u>	<u>Amount</u>	YTD Amt	Description Fed OASDI/EF		<u>rount</u> 51.94	<u>YTD A</u> 1,902.
Medical Insura			673.14	<ul><li>Employee</li></ul>	Additional	_		Fed Med/ER		35.54	1,502. 445.
Dental Insurand MSRS - Deferr		5.70	373.80	Life _		0.46	6.44	Medical Insura		10.79	12,751.
Compensation		00 1	400.00	Long Term		6.75	94.50	Dental Insuran		33.57	469.
MSRS Gnri	100	1,	, .55.55	Short Tem Disability	'	17.00	238.00	Administrative	Fee	4.92	68.
Employee Rtm	t		[	Minn Assn	Prof	17.00	200.00	Basic Life	_	5.30	74.
Plan	157	.39 2,	,111.82	Employees		21.00	273.00	MSRS Gnr'l Er		00.05	0.400
Hith Care Svng								Rtmt Plan		63.95	2,199.
Plan - EE		.23	344.27					Medical/Dental	⊏xpense	0.00	29.
Medical/Dental		.00	450.00					Dependent Ca	re	0.00	23.
Expense Accor Dependent Car		.00	450.00					Expense Accor		0.00	29.
Expense Accor		.00 1,	874.98					MSRS - Deferr			
			, , , , , ,	<del></del>				Compensation		0.00	200.
Total:	42	9.83 8	,228.01	Total:		45.21	611.94	Total:	1,3	06.01	18,171.
	bution						-				<del></del>
Net Pay Distri	2	<u>Paychecl</u>	k Number	•	Accoun			Financial Insti			Amou
Net Pay Distri					Checkin	9		0910	00019		1,548.0
	·										1,548.0
Payment Type Direct Deposit											
Payment Type Direct Deposit Total:	act Information										
Payment Type Direct Deposit Total:			Address	<u>Line 1</u>		Address Line		Y. seville	State MN		tal Code 13-2433

				aye :	J 01 J	Paycheck Issue 07/31/2020		
on nces Addi 0	Percent A	ddi Amount	State W4 II State MN		nt <u>Status</u> Single			Addi Amoun
tion Gross	Federal Gross	FIC/	A Gross	Medicare	Gross	Total Taxes To	otal Deductions	Net Pav
623.20	2,047.16	5 2	2,404.55	2,	404.55	554.48	645.46	1,423.26 17,696.86
		-	-	naroomont e		tion nion		
biisneu purs	P	rior Period	Prior F	Period	Hours	Rate	Amount	YTD Amount
Balance#					480.00	32.790000	15,739.20	31,094.40
al Leave					48.00	32.790000	1,573.92	3,902.80
	0	e <i>m i</i> innon	07/07/	วกวก	32.00	32.790000		1,049.28 7,677.60
ve dam	U	0/24/2020	0/10/12	2020				1,000.00
,	0	6/24/2020	07/07/	2020			0.00	262.32
#							0.00	9,469.04
								2,047.36 1,023.68
nstate*								11.00
Outstate							0.00	58.39
							0.00	21,817.18
								447.86 1,023.68
					560.00		2,623.20	32,643.55
	Resident			2,40	4.55	<u>Amount</u> 149.08		YTD Amoun 1,750.97
								409.50 3,052.56
	Y							1,368.75
								6,581.78
10		After-Tay [	Deductions			Employer Paid I	Benefits (* = Taxab	e)
	YTD Amt			Amount	YTD Amt	Description		nt YTD.Ar
239.02	1,553.63		_	Ameens	TIME			
53.40	347.10	Life		0.92	5.98			
100.00	1 200 00			13.50	87.75		•	
100.00	1,000.00			34 00	221 00		e 9.8	4 63.9
			Prof	<del>07.00</del>	££ 1.00	Basic Life		68.9
157.39	1,954.43			21.00	252.00			00 200.0
26 23	318 04							
20.20	310.04					Rtmt Plan	163.9	5 2,035.8
0.00	450.00							0 29.7
0.00	1 074 00							ru 29.1
0.00	1,874.98							00 29.7
576.04	7,798.18	Total:		69.42	566.73	Total:	2,357.0	16,865.3
Payc	heck Number	:						Amou
			Checkin	<u>g</u>		091000	1019	1,423.26 1,423.2
								1,-120.21
mation			*					
	Address	Line 1	ı	Address Line	e 2 Cit	L	<u>State</u>	Postal Code
	tion Gross 623.20 643.55 Business E bilished purs Balance# al Leave faken ve Bal#  # Outstate  Outstate  157.39 26.23 0.00 0.00 576.04  Payo	tion Gross Federal Gross 623.20 2,047.16 643.55 24,786.98 Business Expenses / Rei blished pursuant to statut  Balance# al Leave faken ve Bal#  Resident  Y  Resident  Y  Resident  100.00 1,300.00  157.39 1,954.43 26.23 318.04 0.00 450.00 0.00 1,874.98  Faycheck Number	Name	State   MN   State   MN	State W4 Information   State W4 Information   State   Resider   MN   Y	State W4 Information   State W4 Information	State W4 Information   State Resident   Status   Allowances   Status   MN   Y   Single   Allowances   Status   MN   Y   Status   Allowances   Status   Sta	Original   Original